

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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42	1					
43	1					
44	1					
45		1				
46	1					
47		1				
48		1				
49	1					
50	1					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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100								
TOTAL IND.	6		↓		↓		↓	
TOTAL DEP.	5		↓		↓		↓	
TOTAL CLAIMS	11		↓		↓		↓	